

922 KARI:140

DSS Number:

DSS Name:

P&P-1282
TWIST Rev. (9/98)

COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
COMMUNITY BASED SERVICES

FAMILY CASE PLAN

Case Name:

Case Number:

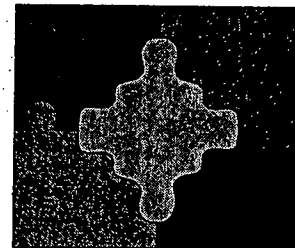
Plan for:

Conference Date:

☐ Initial ☐ Review

Date Parents were notified of Conference:

Type of Case: CPS ☐ YS ☐ APS ☐ Adult ☐ General Family ☐
Out of Home Care ☐ (All sections must accompany OHC case plan)



FAMILY MEMBERS

Name	Relationship	Age

ABSENT BIRTH PARENTS

Name	Relationship	Related To Whom?

What is the overall goal of services to the family?

What specifically is the family already doing that will help them reach their goals?

DSS Number:
DSS Name:

P&P-1282
TWIST Rev. (9/98)



GENOGRAM

DSS Number:

DSS Name:

P&P-1282
TWIST Rev. (9/98)

Was a Safety Plan developed with the family based on the Risk Assessment?
No

☐ Yes

☐

Does the Safety Plan need to be revised?

☐ Yes

☐ No

The family's long range plan to insure safety, permanency and end services:

Family Level Objectives	Assessed Until: Date	Tasks	Date Completed
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

DSS Number:
DSS Name:

P&P-1282
TWIST Rev. (9/98)

Name	Individual Level Objectives	Assessed Until: Date	Tasks	Date Completed
_____	_____	_____	_____	_____
—	—	—	—	—

DSS Number:

DSS Name:

P&P-1282
TWIST Rev. (9/98)

I understand that if I am dissatisfied with the action taken in this document, I may, within thirty (30) days from the date of this notice, file a complaint with the Quality Assurance Section, Office of Performance Enhancement, 275 East Main Street, Frankfort, Kentucky 40621. I further understand that the complaint shall be written and that I may be represented by an attorney.

COMMENTS:

Signatures: _____

Copy of Plan to Client this Date: _____

DSS-154 Given this Date: _____

Next Scheduled Conference Date: _____

DSS Number:
DSS Name:

P&P-1282
TWIST Rev. (9/98)

COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES

OUT OF HOME CHILD/YOUTH PLAN

Type of Case Plan:

Effective: From To

Case Name:

DSS #:

Date of Conference:

Date of Next Conference:

County of Custody or Commitment:

Date of Commitment:

Date of Next Dispositional Hearing:

IDENTIFYING INFORMATION

Mother:

Address:

County:

Father:

Address:

County:

PARENT NOTIFICATION

Date parents were served with notice of removal:

Date parents were notified of conference:

DSS Number:
DSS Name:

P&P-1282
TWIST Rev. (9/98)

OUT OF HOME CARE SECTION

Child/Youth Name:
State Reasons for Initial Removal:

If this is an initial plan, describe services offered and provided to prevent placement: (or attach the Affidavit of Efforts, DSS-1266).

ATTENTION PARENTS: Your child/youth has been removed from your home because the court has determined the risk was too great for the child to remain there. This case plan is designed to assist in reuniting you with your child/youth. However, failure to progress in this plan may result in termination of your parental rights and permanent placement of your child/youth.

PROGRESS SUMMARY/PERIODIC REVIEWS ONLY

A summary of progress must be included in the case plan. This summary should be based on documentation in the assessment and case record.

1. Family/Parents (Family Level Objectives)
2. Individual (Individual Level Objectives)
3. Child/Youth/Children (Child/Youth Action Plan)
4. Parent and Child/Youth Visitation

If changes were made affecting visitation rights, were parents notified?

☐ Yes, Date:

☐ No

☐ No Changes

If no, explain.

5. State Reasons for continued Placement

DSS Number:
DSS Name:

P&P-1282
TWIST Rev. (9/98)

CHILD/YOUTH INFORMATION SHEET

Child/Youth Name:

Birthdate	Date of Commitment	County of Custody/ Commitment	Most Recent Entry Date in OHC	County with Case Responsibility	Date of Next Dispositional Hearing

Prior to CFC involvement, was this child/youth placed in OHC in another state? ☐ Yes ☐ No
If yes, Where? When?

Date child/youth will have been in OHC 15 of the most recent 22 months:

Beyond commitment/custody, are there other judicial orders made with respect to the child/youth? ☐ Yes ☐ No ☐ N/A

(This includes court ordered visitation, parent or child counseling or other orders of the court.) If Yes, explain:

Is concurrent planing appropriate? ☐ Yes ☐ No

Basic living skills and vocational or job preparation services must be addressed for youth 16 or older on the Child/Youth Plan.

☐ Yes ☐ No

PERMANENCY GOAL FOR THIS CHILD/YOUTH

Reason for selection of this goal:

Goals other than "Return to Parent" must include documentation, on the Child/Youth Action Plan, of the steps the agency is taking to find an adoptive family or other permanent living arrangement for the child. ☐ N/A ☐ Applicable

CURRENT PLACEMENT INFORMATION

Placement Type:

Current County of Placement

Date of Current Placement

*If foster care, # of children home is authorized to care for: # of children currently residing in the home:

Is this placement the least restrictive? ☐ Yes ☐ No

Is this child/youth placed in the parent's county of residence? ☐ Yes ☐ No ☐ NA

Is child/youth placed in same school district as prior to placement or since the last review? ☐ Yes ☐ No

Is the Placement Log attached to the Court's copy? ☐ Yes ☐ No

If the answer to any of the four previous questions is no, provide justification.

What steps address the safety and the appropriateness of this placement for the Child/Youth?

DSS Number:

DSS Name:

P&P-1282
TWIST Rev. (9/98)

CHILD/YOUTH'S HEALTH STATUS

Attach a copy of the child's/youth's **most recent** immunization record to the Case Plan.

Has the child/youth's Medical Passport been reviewed in connection with this conference? ☐ Yes ☐ No

If No, explain:

Record the discussion of the Child/Youth's Physical and Mental Status, including medications. Beyond "Normal and Routine Medical Care," identified needs must be addressed in the Child/Youth Action Plan.

Child's/youth's primary physician:

Address:

Date the child's/youth's next comprehensive health examination is due:

EDUCATION STATUS

What is child's current grade level?

Is this level appropriate ☐ Yes ☐ No

Name and address of school child/youth attends:

Provide history of the child's/youth's educational problems or needs:

List the Child/Youth's assessed educational needs. Identified needs must be addressed on the Child/Youth Action Plan.

DSS Number:

DSS Name:

P&P-1282
TWIST Rev. (9/98)

CHILD/YOUTH ACTION PLAN

Name:

Permanency Goal:

The Child/Youth's health, educational, personal, social and developmental needs must be assessed. Written objectives/tasks must include:

- Each need identified in the Risk Assessment
- Basic living skills and vocational/job preparation for youth 16 and older
- Steps the agency is taking to find an adoptive family or other permanent living arrangement if the child's permanency goal is NOT "Return to Parent"

	Child/Youth Level Objectives	Assessed Until	Tasks	Date Completed

DSS Number:
DSS Name:

P&P-1282
TWIST Rev. (9/98)

VISITATION AGREEMENT

Child/Youth Name _____ To _____
Period Plan is in Effect

VISITOR

DATE	TIMES	LOCATION	TRANSPORTED TO/FROM BY:	SUPERVISED BY

COMMENTS:

Special requests for visitation will be made at least _____ in advance of the date.

A change in a scheduled visit should be made with at least _____ notice to parties involved.

DCBS staff may be contacted at the following phone number:

Signatures:

Date:

Date:

Date:

Date:

RIGHTS AND RESPONSIBILITIES OF PARENTS

1. To provide for and to consent to your child's medical care.
2. To maintain contact with your child.
3. To be informed in advance of changes in your child's placement whenever possible.
4. To be informed of actions initiated by the Cabinet in the courts which could result in a change in your child's legal status.
5. To determine religious affiliation.
6. To be advised of and to participate in all Case Planning Conferences and Periodic or court reviews.
7. To file a formal complaint using the Department's Service or Civil Rights Complaint procedures if you feel your rights have been violated.
8. To be provided the protection of confidentiality as provided by KRS 61.878.
9. To receive a copy of court records, Case Plan and Review (DSS-1281) or Court Review documents bearing on your child's status or the services provided to them.
10. To financially support your child in accordance with your ability to do so.
11. To keep the Department advised of your whereabouts.
12. To maintain your parental role through various activities.

These are rights and responsibilities of all parents for whose children the Cabinet has legal responsibility. There may be instances when your child's health or well-being is endangered and the Cabinet or the court would have to assume the responsibilities.

RIGHTS OF THE CHILD

Children have certain fundamental rights which must be protected and preserved, including, but not limited to:

1. The right to adequate food, clothing and shelter;
2. The right to be free from physical, sexual or emotional injury or exploitation;
3. The right to develop physically, mentally and emotionally to their potential;
4. The right to educational instruction; and,
5. The right to a secure, stable family.

In addition, children in out-of-home care have the right:

1. To be placed in the least restrictive setting in close proximity to his/her home that meets his/her needs and serves his/her best interests to the extent that such placement is available.
2. To information about the circumstances requiring his/her initial and continued placement.
3. To appropriate prior notice of Case Planning Conferences, Periodic Reviews, placement changes, and changes in visitation agreements, unless his/her health or well-being is endangered, if the child is of appropriate age.
4. To visit the family in the family home, receive visits from family and friends, and have telephone conversations with family members, when not contraindicated by the case plan or court order.
5. To be free from exploitation in employment related training or gainful employment.
6. To express opinions on issues concerning his/her care or treatment.

DSS Number:
DSS Name:

P&P-1282
TWIST Rev. (9/98)

CONFERENCE PARTICIPANTS

Child/Youth Name:

	List by name all persons invited to attend:	Date Notified	In Attendance Y/N	Received copy OHC-C.P. Y/N
1.	Mother			
2.	Father			
3.	Parent's Attorney			
4.	Child/Youth			
5.	Child/Youth			
6.	Child/Youth			
7.	Child's/Youth's Attorney			
8.	Care Provider			
9.	Objective Third Party (Periodic Review)			
10	County Attorney			
11	CASA			
12	FSOS			
13	FSW			
14	Other Agency Staff			
15	Other			

Additional Copies Sent to:

DSS Number:
DSS Name:

P&P-1282
TWIST Rev. (9/98)

DSS-154 Given to client _____
Date

Copy of Case Plan given to client: _____
Date

Next Scheduled Conference Date:

I have participated in this case conference and understand my rights and responsibilities as related to this case plan.

I understand that if I am dissatisfied with the action taken in this document, I may, within 30 days from the date of this action, file a written complaint (DSS-154) with the Quality Assurance Section, Office of Performance Enhancement, 275 East Main Street, Frankfort, Kentucky, 40621.

I further understand that the complaint shall be written and that an attorney may represent me.

Comments:

All conference participants should sign this case plan. Anyone declining to sign will be listed as "in attendance only" and noted in the comments section.

Family Member

Date Signed

Family Member

Date Signed

Family Services Worker

Date Signed

Family Services Office Supervisor

Date Signed

Date Signed

Date Signed

Date Signed

Date Signed

Date Signed

Date Signed